

Registration District No. 837

Primary Registration District No. 6099

Registrar's No.

1. PLACE OF DEATH

(a) County Stoddard  
(b) City or town Cactus Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether)  
In this community years, months or days

3. (a) PRINT FULL NAME

Clarence Cates

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased 11 1 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 7 15 hr. min.

9. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Denton Cates

13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Roberts

15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Cates

(b) Address Bloomfield, Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof 6-18-1941  
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem.

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Bloomfield, Mo.

19. (a) July 26 '41 (b) Frank L. Luch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 103 (b) County 0  
(c) City or town 0  
(If outside city or town limits, write "RURAL.")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16  
year 1941 5 AM hour minute M.

21. I hereby certify that I attended the deceased from MAR 25, 1941, to JUNE 16, 1941,  
that I last saw him alive on JUNE 16, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC MYOCARDITIS  
(RHEUMATIC)

Due to 131/2  
Due to

Other conditions ACUTE NEPHRITIS  
(Include pregnancy within 3 months of death)  
(INTERSTITIAL)

Major findings:  
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature R. L. Davis (M. D. or other)  
Address BLOOMFIELD, MO. Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2,

District File Number 841-1109

Date Filed 8-15-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Lulu Cooper

Registered Apprentice No. 3499

working under my personal supervision.

Signed.....

Lulu Cooper

Licensed Embalmer No. 3499

P. O. Address Bloomfield, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

26389

Registration District No.

837

Primary Registration District No.

6099

Registrar's No.

1. PLACE OF DEATH:

- (a) County Stoddard  
(b) City or town Bloomfield Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 years  
(Specify whether) in this community  
years, months or days

3. (a) PRINT FULL NAME

Clarence Cates

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

m

5. Color or race

wh

6. (a) Single, widowed, married,

divorced

m

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive

years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

Burial  
(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

Oct 1, '41  
(Date received local registrar)

(b)

Joanne Punch  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Stoddard  
(c) City or town Bloomfield Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

year

hour

minute

M.

21. I hereby certify that I attended the deceased from  
that I last saw him alive on  
and that death occurred on the date and hour stated above.  
Immediate cause of death

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(City or town) (County) (State)  
(b) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)  
While at work? (e) Means of injury

23. Signature

(M. D. or other)

Address

Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

